



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT SALEM HOSPITAL, INC

City of Hospital: Salem

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the
Report: Marla Hannah

Email Address: msander2@stvincent.org

Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4714535
Outpatient Patient Service Revenue	\$43308351
Total Gross Patient Service Revenue	\$48022886

2. Deductions From Revenue

Contractual Allowance	\$24675493
Other Deductions	\$4310864
Total Deductions	\$28986357

3. Total Operating Revenue

Net Patient Service Revenue	\$19036529
Other Operating Revenue	\$252828
Total Operating Revenue	\$19289357

4. Operating Expenses

Salaries and Wages	\$6499130	Employee Benefits	\$2115102
Depreciation and Amortization	\$905717	Interest Expense	\$0
Bad Debt	\$1382497	Other Expenses	\$8590554
Total Operating Expenses	\$19493000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1178854	Total Assets	\$12580650
Net Non-operating Gains over Loss	\$356562	Total Liabilities	\$12580650
Total Net Gains	\$1535416		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22418138	\$12103831	\$10314307
Medicaid	\$7189808	\$5781601	\$1408207
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18414940	\$11100925	\$7314015
Total	\$48022886	\$28986357	\$19036529

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$10000	\$-10000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$18000	\$-18000

Number of Medical Professionals Trained	122
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	10000

Statement Six: Charity Statement

Hospital Charity Charges	\$3289228
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1183504	
HCI Payments	\$0		
Subtotal	\$0	\$1183504	\$-1183504
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$5000	\$-5000
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

